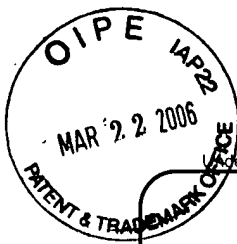


176



PTO/SB/82 (04-05)

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NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/811082
Filing Date	3-26-04
First Named Inventor	Thomas Aisenbrey
Art Unit	
Examiner Name	
Attorney Docket Number	INT-03-010

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 000059874

☒ Please change the correspondence address for the above-identified application to:

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**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Thomas Aisenbrey		
Date	03-13-2006	Telephone	360-752-1982

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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